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POPULATION

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Emergency supplies sent to fight Mongolian health crisis

by Hugh O'Haire

UNFPA IS SHIPPING emergency supplies to help Mongolia battle a health crisis that is endangering its women and children.

Maternal and infant mortality are rising in Mongolia due to widespread iron-deficiency anaemia, poorly spaced births, and post-partum haemorrhage. The contraceptives and medical supplies needed to stop this are in critically short supply.

UNFPA is supplying iron folate pills and coagulant drugs such as oxytocin and methergine, used to treat post-partum haemorrhage, as well as condoms and intra-uterine devices (IUDs). The United Nations Children's Fund is helping to distribute medical supplies within the country.

In the midst of a difficult transition from a centrally-planned to a market economy, Mongolia is in economic shock. The country has lost 80 per cent of its import/export income over the past year, according to official estimates. Fuel and food are being rationed.

Despite the current economic stress, Mongolia is nevertheless planning to invest strongly in mother and child health care. One of the features of the Mongolian maternal and child health care programme is a new family planning policy that stresses birth spacing.

The new policy is aimed at lowering the country's high rates of maternal and infant mortality, a consequence of decades of vigorous pronatalist policies which prohibited contraception and used incentives to promote large families.

But the lack of contraceptives and medicines has had the effect of worsening the situation, according to Minister of Health and Social Services Pagbajabyn Nymadawa.

"Over the first nine months of this year, the birth rate decreased but the maternal mortality rate increased," he said. He attributed this to anaemia and an upswing in abortions brought on by the shortage of contraceptives.

The Minister pointed out that, having averaged 138 maternal deaths for every 100,000 births over the past five years, the maternal mortality rate fell to 113 last year. But in the first nine months of 1991, it climbed back to 137.

"In some *aimaks* [districts], where anaemia is prevalent, maternal mortality is higher, at 232 and 233. In one western *aimak*, maternal mortality has reached 424 [for every 100,000 births]," Dr. Nymadawa said.

"Currently, 50 per cent of all pregnant women in Mongolia have some degree of anaemia. This is caused by too rapid births—60 per cent of all births occur in less than three-year intervals," he added.

The lack of contraceptives is blamed for the rising demand for abortion, which was legalized in December 1989, said Gendenglin Purevsuren, officer in charge of gynaecological and obstetrics services at the health and social services ministry.

For Mongolian infants, the major causes of death are acute respiratory infections and diarrhoeal diseases, although health officials say that anaemia is also high among children. Nationwide, the infant mortality rate is officially estimated at 64.9 per 1,000 live births.

UNFPA/Hugh O'Haire

Dr. O. Doljinsuren, head of gynaecological services at the Maternal and Child Health Clinic in Ulaanbaatar, with a client. UNFPA-supplied iron folate tablets, coagulants, and contraceptives are dispensed at the clinic.

Meanwhile, the international community has begun to rally in support of Mongolia's fledgling government and market-oriented economy. At a donor consultation meeting in October in Ulaanbaatar, Mongolia's capital, donor nations and international organizations, including UNFPA, pledged more than US$200 million in assistance for Mongolia's economic and social development plans. UNFPA's emergency operations, which began in August, were intensified following the meeting.

UNFPA has sent two missions to the country over the past two years and, based on their findings, is setting up a $4 million, five-year programme of assistance to Mongolia. The proposed UNFPA programme is focusing on three broad areas: support for the new family planning programme, help with strengthening the government's demographic information and statistical gathering and analysis, and improving the status of and economic opportunities for women.

"While all families are expected to benefit from the availability of family planning and improved maternal health care, high risk groups will be specifically targeted for immediate attention," said Stirling Scruggs, UNFPA county director for China, who also has responsibility for Mongolia. □

Pledges fall short of UNFPA needs

UNFPA NET INCOME for 1992 is expected to amount to less than 1991 funding in real terms, despite a modest increase in pledges by donors attending last month's United Nations Pledging Conference.

Contributions to UNFPA in 1991 are now estimated at around US$213 million. Contributions for 1992 are estimated to reach about US$221 million, for an increase of some US$8 million, or about 4 per cent over 1991, Executive Director Nafis Sadik told the 5-6 November conference.

But "if you discount global inflation, UNFPA net income for 1992 will be less than 1991," Dr. Sadik said.

The 4 per cent increase is far short of the 18 per cent rise UNFPA needs to fulfil the requests for population assistance that it has received from developing countries. These requests amount to more than US$550 million. The 18 per cent target was also endorsed in 1989 at the International Conference on Population in the Twenty-First Century, in Amsterdam.

"This increase in requests for UNFPA assistance has exhausted our available resources, and many excellent projects stand unimplemented," she said.

The annual two-day conference is the principal forum for United Nations member states to announce their contributions to the UN's various development bodies. UNFPA is supported entirely by voluntary contributions, not by the United Nations regular budget.

At the conference, 62 countries made pledges to the Fund's general resources for 1992, amounting to US$100.3 million. A number of the Fund's major donors, among them Australia, Canada, Denmark, Germany, Italy, Japan, Switzerland, and the United Kingdom are expected to pledge later, in keeping with their national budget cycles. The Fund predicts that "at least an additional US$121 million will be contributed," Dr. Sadik said, bringing the total to about US$221 million.

Other major donors to offer contributions for 1992 include the Netherlands; Norway, which is the only country to devote at least 4 per cent of its official development assistance to population; and Sweden, which makes multi-year pledges. But economic difficulties forced a reduction in aid from Finland. Belgium and France also pledged.

More from smaller donors

Contributions from smaller donors, most of them developing countries, increased this year despite the economic difficulties faced by many of these countries. Among these donors are Afghanistan, Albania, Austria, Bolivia, Bulgaria, Burundi, China, Chile, Cuba, Cyprus, Czechoslovakia, Fiji, Gabon, Hungary, Iceland, India, Jamaica, Kenya, Laos, Lesotho, Luxembourg, Malaysia, Maldives, Mauritania, Myanmar, Nepal, North Korea, Panama, Pakistan, Paraguay, Poland, South Korea, Spain, Sri Lanka, Thailand, Tunisia, Uruguay, Viet Nam, and Zimbabwe. A number of these donors pledged at least 10 per cent more than their previous contribution, in their respective currencies. Also among these countries were Liechtenstein, which pledged for the first time, having joined the United Nations in September 1990; and countries which returned to the donor fold after absences: Brazil, Kiribati, Nigeria, Peru, Suriname, Tanzania, and Yemen. Tonga and Vanuatu indicated that they would pledge for 1992 soon.

Donors are classified as "major" if their contributions equal or exceed US$1 million per year. □

McNamara to lecture

ROBERT McNAMARA, former president of the World Bank, will give the third Rafael M. Salas Memorial Lecture at 5:00 p.m. on 10 December, Human Rights Day, in the United Nations Economic and Social Council Chamber.

McNamara will speak about the threat that projected patterns of world population growth pose to human rights, the environment, and to future economic and social progress, organizers say.

Rafael M. Salas was the first executive director of UNFPA from its inception in 1969 until his death in 1987. □

Southeast Asian refugees: Tide set to turn?

Bela Hovy

Family planning poster in a refugee camp for Cambodians in Thailand.

by Bela Hovy

AGAINST THE BACKDROP of the end of the cold war, recent international agreements increase the prospects for large numbers of Southeast Asian refugees, asylum seekers, and displaced persons to return to their homelands. This would mark a significant policy shift in a region where more than 1.5 million refugees have been settled in foreign countries since 1975.

Millions of Indochinese have been displaced by political upheaval, economic hardship, armed conflict, and poverty since 1975. As of mid-1991, there were about 196,000 Cambodians, Laotians, and Vietnamese in camps supervised by the United Nations High Commissioner for Refugees (UNHCR), with Thailand and Hong Kong harbouring the largest camp populations—92,000 and 62,000 respectively. Another 340,700 displaced Cambodians receive assistance from the United Nations Border Relief Operation (UNBRO) in camps just inside Thailand.

The signing in Paris of a comprehensive peace agreement on Cambodia on 23 October anticipates, among other things, the return of Cambodian refugees and displaced persons inside Thailand. The repatriation, co-ordinated by UNHCR, is expected to start early in 1992 and to end six to nine months later. But there are still major obstacles to overcome. First, the unknown location of perhaps millions of land-mines poses a serious threat to returnees. The border camps already are crowded with Cambodians who have been handicapped by land-mines; a land-mine awareness programme is being implemented.

There is also the problem of ensuring security. Although the tens of thousands of Cambodian guerrilla fighters are to be disarmed by the United Nations Transitional Authority in Cambodia, they may continue to pose a safety risk for some time. Indeed, banditry along the Thai-Cambodian border reportedly has increased in recent months.

The limited infrastructure and shortages of even basic goods in Cambodia pose a serious challenge to maintaining proper health standards for returnees. UNBRO statistics reflect young populations and a high level of health care inside the border camps: in 1989, the infant mortality rate was estimated at 25 per 1,000 live births, far lower than the rate of 130 in Cambodia. The crude birth rate in the camps was 53 per thousand, compared to a UN-estimated 41 in Cambodia; the crude death rate was believed to be 4.6 per thousand, as opposed to 16.6 in Cambodia. Although the UNBRO estimates seem optimistic, it is clear that health conditions in Cambodia and the camps differ greatly.

Repatriation of Vietnamese boat people is also likely to gain momentum. In October, Britain and Viet Nam reportedly agreed on the return from Hong Kong of boat people who failed to qualify for refugee status. A group of so-called "double-backers," those who previously had been rejected as refugees, was returned against their will in November.

Between 1986 and 1991, the number of Vietnamese boat people in countries of first asylum in the region had risen from 32,000 to 116,000, with more than 90 per cent of the recent arrivals recorded in Hong Kong. One of the factors accounting for the rapid increase in the camp population is the introduction of refugee status determination procedures. Under the Comprehensive Plan of Action adopted by the international community in Geneva in 1989, these "screening procedures," including individual interviews, were implemented to distinguish between "genuine" refugees, who would continue to qualify for resettlement, and economic migrants, who were supposed to return to Viet Nam.

In the meantime, very few Vietnamese have been screened in: in Hong Kong, only about 15 per cent of the asylum seekers qualify for refugee status under the 1951 United Nations Convention and the 1967 Protocol relating to the Status of Refugees. Very few of the screened out boat people have opted to return voluntarily: between March 1989 and September 1991, only about 14,300 returned with UNHCR assistance.

As opposed to the illegal and hazardous boat departures, the Orderly Departure Programme (ODP) provides a legal and organized channel of emigration in Viet Nam for those who qualify for resettlement. Since its inception in 1980, almost 300,000 Vietnamese have left their country through ODP. In 1990, more left through ODP than by boat.

With repatriation of boat people at the center of international attention, relatively little has been done to address the poverty at the root of the flight of many Vietnamese. However, a recent aid package unveiled by the European Community seeks to improve economic conditions for returnees, and to provide incentives to stay for those who wish to leave Viet Nam.

In addition to the anticipated repatriations of Cambodians and Vietnamese, there are increasing expectations that more than 60,000 Laotians inside Thailand will be returned. During 1991, the governments of Laos and Thailand and UNHCR developed a new and comprehensive repatriation plan. Under the plan, at least 5,000 Laotians are expected to return annually. □

Bela Hovy is an associate expert with the United Nations Population Division. His views are his own, not those of the Population Division.

Yemen seen as going beyond "mere rhetoric"

RECENTLY UNIFIED YEMEN is the scene of an "extraordinary" initiative in population programming that "goes beyond mere rhetoric," according to Ugur Tuncer, chief of UNFPA's Division for Arab States and Europe.

Yemen's First National Population Policy Conference was held on 26-29 October in Sana'a, the administrative capital of a country that makes up the southern end of the Arabian peninsula.

The conference was "the outcome of momentous efforts to reach a formal population policy for the country," according to Minister of Planning and Development Farag Bin Ghanem. The conference was also charged with laying out "the framework within which the population policy will be implemented," according to Dr. Bin Ghanem, who viewed it as "one of the most significant policy declarations guiding the future course of the development of the country."

The two parts of Yemen—north and south—were unified on 22 May 1990 after centuries of what Prime Minister Haider Abu Bakr Al Attas calls "artificial division."

Addressing the national conference, Al Attas said: "Development capabilities are not proportionate to the rate of population growth, whether in the field of education, health, housing, food, labour, water or any other infrastructure services. ... Low agricultural productivity, the widening of the food gap, the economic and social consequences of the forced return of Yemenis from other countries to their homeland, the accumulation of foreign debts, urban pressure and population density in the cities, the aggravating environmental crisis, the dwindling of water resources as a serious phenomenon in the Arab region—all these indicate that the population crisis is urgent and should be dealt with promptly and in a positive approach."

The government publicly unveiled its National Population Strategy and Proposed Action Plan at the conference. The strategy's goals include:

- reducing the national infant mortality rate from 130 infant deaths per 1,000 live births to 60 per 1,000 and halving the mortality of children aged one to four;
- raising immunization coverage for children less than one year old to at least 85 per cent, and expanding immunization against tetanus for women of reproductive age;
- halving child deaths due to diarrhoea;
- halving severe and moderate malnutrition among under-fives;
- reducing by one-third the number of under-five deaths due to acute respiratory infections;
- halving maternal mortality, regardless of cause, by the year 2000;
- raising life expectancy at birth from 46 to 61 years;
- reducing the total fertility rate from 8.4 to 6 live births per woman;
- raising contraceptive use from around 3.5 per cent to 35 per cent of couples;
- raising primary health care coverage to 90 per cent of the population, from around 40 per cent;
- expanding basic education to 85 per cent of the population and reducing the adult illiteracy rate to less than 30 per cent among males; and
- increasing access to safe water from 48 per cent to 80 per cent of households.

The strategy also includes components on women in development; population information, education, and communication; and "population security and protection programmes," which include protection against environmental and occupational hazards and AIDS.

The government's Proposed Action Plan commits it to promoting safe motherhood by informing people of the danger signs in pregnancy and childbirth; improving access to mother and child health care facilities; improving and extending the role of male and female mid-level health workers; upgrading peripheral health services to provide obstetric first aid; and reducing women's exposure to the risks of repeated and closely-spaced pregnancies.

The Plan also commits the government to promoting family planning, especially for men; raising awareness of the right to family planning; encouraging community involvement in family planning activities; including contraceptives in the national essential drugs list; and creating a line for mother and child health and family planning in the budgets of the health ministry, other ministries, and in the government's development budget.

The initiative is based in part on the recommendations of the 1989 Amsterdam Declaration on Population in the Twenty-First Century and the 1990 World Summit for Children, according to Bin Ghanem.

Programmers and observers report a sense of seriousness and urgency among Yemeni officials. UNFPA Country Director Hedia El Ghouayel noted that Yemen's was "the first such conference and declaration of its type at this level in the Arab states."

A second national population conference is scheduled for 1994. Looking to the immediate future of the Yemen programme, Tuncer said: "As the next step, they'll need to set priorities and put them in a time frame."

Coming from a country classified by the United Nations as least developed, he added, the progress to date "should be an example for many other developing countries." □

In Sri Lanka, a clearer focus

UNFPA's "MORE FOCUSED" programme of assistance to Sri Lanka seeks to improve maternal and child health and family planning services in those parts of the country which lag in health and social development, says Country Director Hans de Knocke. Such areas include fishing villages, plantations, and the slums of Colombo, the capital.

The strategy is part of a programme package intended to help the government achieve its goal of replacement level fertility—2.1 children per woman—by 2000, by raising the use of contraceptives from 64 per cent to 72 per cent—or by an additional 400,000 couples.

There is more to serving the underserved areas than building clinics and providing contraceptives, de Knocke says.

Take the case of women working in Sri Lanka's free-trade zones, home to some of the heaviest concentrations of malnourished women in the country. Provided only basic salaries and housing by their employers, many of these women live between factory and hostel, squirreling away their earnings for dependent families. Their usually sheltered, rural backgrounds, and the absence of any means of advancement, often rob them of basic self-confidence.

"These women didn't know how to get by in the world, how to take leadership or even control over their own lives," says de Knocke.

Under an innovative project, women workers are learning about "everything from how to manage money to making cakes, nutrition, health, and family planning," he says. Female doctors provide counselling on health as well as work-related issues. Awakened by their own potential, the women have organized themselves to discuss employment-related problems with their bosses. The project is a collaborative effort of the Ministry of Labour, the International Labour Organisation, UNFPA, and three employers.

"This is only a beginning," he says. "We reach about 100 women, whereas there are about 40,000 women in the free-trade zone."

Meanwhile, UNFPA is supporting research into the reasons for low female literacy rates and high primary school drop-out rates for girls on Sri Lanka's plantations and in its Muslim communities, with a view to correcting the situation.

According to de Knocke, the 1992-96 country programme emphasizes making available a wide variety of contraceptives—what programmers call "the cafeteria approach." In the past, he explains, family planning programmers relied heavily on sterilization, so much so that in the late 1980s, many doctors threatened an anti-sterilization campaign, forcing the adoption of the cafeteria approach and an official policy favouring reversible over permanent methods of contraception.

Medical practitioners and other service deliverers must be made sensitive to specific social and cultural settings so as to better communicate with clients. Improved service delivery also rests on better training for those who train community workers, since these trainers "may be excellent doctors, but not necessarily born teachers," says de Knocke, himself a medical doctor.

The new programme recognizes that information, education, and communication (IEC) activities have to be made "locally relevant and sensitive to specific languages, dialects, and symbols" in order to effectively get health and family planning messages across to specific communities in the small but culturally diverse country, he says.

The programme also sets out to increase awareness of population issues among youth by expanding family life education, at first in the schools and then for out-of-school youth. Environmental concerns are being woven into the curriculum on the government's initiative, he says. Courses will also address personal matters such as the "virginity test," an archaic custom founded on the false belief that girls who do not bleed on their wedding night are not virgins.

Public humiliation and divorce are among the results of this unscientific practice, nurtured by ignorance of the fact that, on average, one in four virgins will not bleed at first coitus because of physiological factors, according to Sriani Basnayake, medical director of the Family Planning Association of Sri Lanka.

"Youngsters need this kind of information," says de Knocke. "They don't need vague notions."

ILO

Tea plantations are among the parts of Sri Lanka which lag in health and social development.

War's toll on programme

Years of fighting between security forces and insurgents has taken its toll on the tiny island off India's southern tip. Like the country itself, the once-legendary population programme suffered a series of setbacks: the flight of many health and family planning professionals; the loss of revenues consumed in the fighting, in which clinics and other facilities were damaged; and the subsequent, virtual isolation from services of, at times, as many as one in six Sri Lankans.

"The success story of family planning in Sri Lanka has been interrupted by the war," de Knocke told *Population* correspondent Abid Aslam in New York.

Yet, he said: "Family planning is a familiar term to most people, and the government is serious about it. If the political situation doesn't get worse, if the economy keeps improving, and if the government continues to prioritize family planning, replacement level fertility by 2000 will be feasible." □

Chile: Update on teen reproductive health project

THE CENTRE FOR Adolescent Reproductive Medicine at the University of Chile reports using UNFPA assistance to improve its facilities, provide training, and increase research and education on teen health, sexuality, pregnancy, and parenthood.

The Centre specializes in perinatal medicine, psycho-social health, and education. Last year, it provided 6,936 consultations for teens, and increased its outreach activities through educational courses and mass-media information campaigns, according to a bulletin published by the University.

The Centre used UNFPA assistance to recruit 17 professional trainers in adolescent reproductive medicine, to build an annexe to its main building, and to set up a specialized library on adolescence. The Fund's support also included medical equipment such as a foetal heartbeat monitor, the necessary paraphernalia to perform vaginal endoscopy for adolescents, and other specialized diagnostic instruments for child and adolescent gynaecology.

The Centre, which opened ten years ago as a polyclinic for pregnant teens, receives UNFPA assistance under a project aimed at establishing a centre for training in adolescent reproductive health in a region where such facilities have been lacking.

The Government-UNFPA project focuses on biological and social issues related to teenagers' reproductive problems, as well as the well-being of the family and relations between parents and children. Its aim is to train health personnel in adolescent reproductive medicine, and to train teachers in teen health issues. It also supports university research into adolescent health and fertility.

Teenage pregnancy is very common in Latin America. In the Santiago metropolitan region alone, where about one-third of Chile's population is thought to live, fully one-third of women aged 15-17 years had been pregnant at least once, according to a 1988 University study. Yet, institutional experience in this field is scarce and professional training in relevant disciplines has had to be pursued in the United States and Canada. □

Asian governments, groups seek closer collaboration

ASIAN GOVERNMENTS AND non-governmental organizations (NGOs) are seeking to increase collaboration in maternal health and family planning.

Government officials at a recent seminar in Indonesia organized by the World Bank and UNFPA made "a strong plea for collaboration," and committed themselves to a time-frame in which to "increase the participation of NGOs in the conceptual as well as implementational aspects of family planning programmes," according to Saad Raheem Sheikh, chief of UNFPA's Asia and the Pacific Division.

Government and NGO representatives from Bangladesh, India, Indonesia, Pakistan, and the Philippines met in Yogyakarta, Indonesia on 7-12 October at a seminar aimed at promoting dialogue on expanding the role of NGOs in maternal health and family planning programmes, identifying administrative and structural requirements for greater collaboration, and outlining ways to start collaborating more closely in each country.

Six participants from each country—three from the government and three from NGOs—were joined by senior national programme officers from UNFPA and participants from the World Bank, the International Planned Parenthood Federation, the Japanese Organization for International Co-operation in Family Planning (JOICFP) and the United States-based Centre for Development and Population Activities.

Discussion at the seminar was "related directly to the UNFPA and World Bank projects planned or currently under way in the region," Sheikh said, adding that follow-up national seminars are planned for 1992. The seminars are expected to produce specific strategies for increasing collaboration between NGOs and governments.

NGOs "complement and supplement" the work of government and multilateral agencies, Sheikh said. "Particularly in the maternal health and family planning area, NGOs have frequently performed the role of pathfinders and innovators, creating public awareness and helping to remove attitudinal barriers towards important development initiatives." □

NEWS IN BRIEF

AIDS

A research team of the United States-based Program for Appropriate Technology in Health (PATH) is developing an HIV-1 screening test with funding from the Rockefeller Foundation and the International Development Research Centre (IDRC) of Canada. The results of the easily administered, highly sensitive HIV-1 Dipstick Test reportedly take 20 minutes to produce at a unit cost of less than US$0.50. By contrast, the widely-used ELISA test costs between US$2.00 and US$7.00. Researchers say the test should be ideal for developing countries because it requires no refrigeration and is easy to interpret. For more information, contact: PATH, 4 Nickerson St., Seattle, WA 98109-1699, USA. Tel.: (206) 285-3500.

INDIA

India is setting up a national population commission and similar commissions in the country's states. The prime minister will chair the national commission; chief ministers will preside over the state bodies. This, according to Minister of State for Family Welfare D.K. Taradevi Siddhartha, who spoke with the Press Trust of India in Bangalore 15 November. The national commission would provide funds to strengthen health care systems in all backward (or underserved) villages, with responsibility for implementation going to the state bodies, Siddhartha said. She added that, at present growth rates, India's population would reach the two billion mark, surpassing China in human numbers, by 2025. She stressed the need to involve social service organizations in slowing population growth.

NAMIBIA

Enumeration of Namibia's first national census is now complete. The head-count began on the night of 20/21 October, and lasted two weeks. Preliminary results are expected by year-end, UNFPA Country Director Bill Musoke reports from Windhoek. The head-count, Namibia's first since gaining independence from *apartheid* South Africa last year, was postponed from 6 September following popular complaint about the racial and economic composition of the census board.

PAPERS

The Institute for Advanced Studies of Vienna, the International Institute for Applied Systems Analysis of Laxenburg in Austria, and the Institute for Futures Studies of Stockholm, Sweden, announce an international conference, "Mass Migration in Europe: Implications in East and West," to be held in Vienna on 5-7 March 1992. The conference will address economic, social, historical, geographical, and cultural aspects of mass migration in Europe. Researchers, politicians, businesspersons, and journalists from Europe and North America are expected to attend. The sponsors are calling for papers, abstracts of which should be sent by 1 January 1992 to: IAS, Stumpergasse 56, A-1060, Vienna, Austria, Fax: 43-222-5970635 (for economic topics); or to IIASA, Population Programme, A-2361 Laxenburg, Austria, Fax: 43-2236-71313 (other topics). Final papers are due by 10 February 1992.

PUBLICATIONS

Mortality: Every year, half a million women die as a result of pregnancy or childbirth, according to United Nations estimates. The international community has set itself the goal of halving maternal mortality by century's end. Yet, efforts to do so have been impeded by a lack of specific knowledge about where women are dying, what they are dying of, and what other aspects of their lives may contribute to their deaths. *Maternal Mortality: A Global Factbook* provides this information in the form of country profiles. These combine background socio-economic and other data with facts and figures on various aspects of maternal health and maternity care. The book, published by the World Health Organization (WHO) with assistance from the United Nations Children's Fund and UNFPA, is aimed at policy makers, health professionals, communicators, and others interested in safe motherhood. It presents data gathered under a WHO-UNFPA project, launched in 1988, aimed at shedding light on the extent and causes of women's deaths and serious illness tied to pregnancy and childbirth. Available from: WHO, Distribution and Sales, 1211 Geneva 27, Switzerland.

Environment: *Population, Resources and the Environment: The Critical Challenges*, published by UNFPA, explores the ways in which population, resource, and environmental issues are linked at different levels of development. It advances the argument that much of the environmental degradation today is due to two groups of people, the top billion richest and the bottom billion poorest: "The top consumers in North America, Europe, and Asia destroy the environment more indirectly through their frightening ability to consume resources and generate vast quantities of waste. The bottom billion poorest destroy their own resource base out of necessity and lack of options. But, in both cases, population size, its growth and distribution, are issues of importance." It discusses policy considerations and critical policy options and provides excerpts from and references to key resolutions and statements on population and the environment. Priced at US$ 24.75. Available from: Technical and Evaluation Division, UNFPA, 220 East 42nd Street, New York, NY 10017, USA.

Manual: The Association for Voluntary Surgical Contraception has published a manual for family planning programmes that gives guidance on what clients should know to make informed decisions about contraception. *Basic Facts about Family Planning* contains basic information about 11 family planning methods for men and women. It also provides more detailed information for clients considering female sterilization, the NORPLANT® implant, or vasectomy, as well as pre- and post-operative instructions for clients who have opted for any of these three methods. The manual contains the monograph "Developing Health and Family Planning Print Materials for Low-Literate Audiences," published by the Program for Appropriate Technology in Health, as well as a bibliography of reference materials. For more information, contact: Pamela B. Harper, AVSC, 79 Madison Avenue, New York, NY 10016, USA. Telephone: (212) 561-8043. Fax: (212) 779-9439.

Malathi Weerasooriya, a programme officer from UNFPA Sri Lanka, talks to fellow participants in the Fund's 1991 Field Staff Orientation and Training Workshop in New York. The 4-15 November workshop covered such topics as UNFPA's place in the United Nations system; decentralization, national execution, and technical support services; strategic planning and programming; and all aspects of UNFPA's programme, including for example public information activities, monitoring and evaluation, and AIDS. Participants in this year's workshop came from UNFPA offices in 24 countries.

UNFPA/Kaan Ba-Maung

Software marries demography and cartography

A NEW SOFTWARE package makes it possible for personal computer users to draw computerized maps that show fertility, child mortality, and urbanization rates, or other demographic indicators.

The developers of PopMap say the software is intended for use not only by demographers in developing countries, but also by statisticians, planners, and decision makers in all fields who have little or no prior experience with computerized data bases or mapping. It was developed by the Viet Nam Institute of Computer Science with assistance from the United Nations Department of Technical Co-operation for Development (UNDTCD) under a UNFPA-funded software development project.

PopMap is made up of three modules. DatEd allows users to create new applications or modify existing ones and to enter, update, or import statistical or other data. MapEd is a map editor. By using a keyboard, mouse, or digitizer, users can prepare their own base maps for censuses and other population-related activities. The third module, the PopMap system, allows users to retrieve data on geographical areas—down to specific neighbourhoods—and to examine them as simple spreadsheets, graphs, or maps.

PopMap is menu-driven, which makes it easier to use, and comes with two sample applications intended to familiarize users with the software. The first application contains maps of countries, sub-regions, regions, and the world. The maps are accompanied by a global socio-economic data base compiled from United Nations Population Division figures.

The second sample application provides more detail: maps of Viet Nam and the country's regions, sub-regions and provinces.

Version 1.0 of the software is available free of charge to UNFPA-supported projects, according to Michael Lackner of UNDTCD, the project co-ordinator. Orders for the software should be channeled through UNFPA representatives or country directors, he said. □

For more information, or to order the software, contact: Project Co-ordinator, Software and Support for Population Data Processing, UNDTCD, United Nations, Room DC2-1570, New York, NY 10017, USA.

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